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**BOWLS ACT**

**2019 ACT WOMEN’S PENNANT**

Filling out the form: Please print the players name both **first and last**. Registration Numbers ARE NOT REQUIRED. The Manager of the VISITING SIDE and the MANAGER of the HOME SIDE will complete and sign the form. Please check all details are correct before sending to Bowls ACT.

 **Home club to send completed Score sheet to Bowls ACT via fax to 6108 3557,** Email **at admin@bowlsact.org.au** or photograph and text to **0407 181 013 immediately after the match is completed**. Note: Managers will not be required to enter results on line this Pennant season.

**Pennant Grade: ………………….. Round No: ……………….. Date: ……………….**

**Home Side: ……………………….. Visiting Side: ………………………….**

**Lead Second Third Skip Score Score Lead Second Third Skip**

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 **Total Score**

**Manager Home Side: ……………………. Manager Visiting Side: …………………..
 Match Won By …………………………….**

**Contact No: ………………………… Contact No: …………………………**